

What Has Been Paid

Corrected Payments

From	Through	# of Months	
Gross Benefit	12/01/04	12/01/04	\$4,120.00
Other Benefits			\$1,100.00
Tax Year	2004		
Totals this period:			\$5,220.00
Net Benefit			\$3,020.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$3,020.00

From	Through	# of Months	
Gross Benefit	12/01/04	12/01/04	\$4,120.00
Other Benefits			\$1,100.00
Tax Year	2004		
Totals this period:			\$5,220.00
Net Benefit			\$3,020.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$3,020.00

From	Through	# of Months	
Gross Benefit	12/01/05	12/01/05	\$4,120.00
Other Benefits			\$1,100.00
Tax Year	2005		
Totals this period:			\$5,220.00
Net Benefit			\$3,020.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$3,020.00

From	Through	# of Months	
Gross Benefit	12/01/05	12/01/05	\$4,120.00
Other Benefits			\$1,100.00
Tax Year	2005		
Totals this period:			\$5,220.00
Net Benefit			\$3,020.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$3,020.00

From	Through	# of Months	
Gross Benefit			\$0.00
Other Benefits			\$0.00
Tax Year			
Totals this period:			\$0.00
Net Benefit			\$0.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$0.00

From	Through	# of Months	
Gross Benefit			\$0.00
Other Benefits			\$0.00
Tax Year			
Totals this period:			\$0.00
Net Benefit			\$0.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$0.00

From	Through	# of Months	
Gross Benefit			\$0.00
Other Benefits			\$0.00
Tax Year			
Totals this period:			\$0.00
Net Benefit			\$0.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$0.00

From	Through	# of Months	
Gross Benefit			\$0.00
Other Benefits			\$0.00
Tax Year			
Totals this period:			\$0.00
Net Benefit			\$0.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$0.00

From	Through	# of Months	
Gross Benefit			\$0.00
Other Benefits			\$0.00
Tax Year			
Totals this period:			\$0.00
Net Benefit			\$0.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$0.00

From	Through	# of Months	
Gross Benefit			\$0.00
Other Benefits			\$0.00
Tax Year			
Totals this period:			\$0.00
Net Benefit			\$0.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$0.00

From	Through	# of Months	
Gross Benefit	12/01/06	12/01/06	\$4,120.00
Other Benefits			\$1,100.00
Tax Year	2006		
Totals this period:			\$5,220.00
Net Benefit			\$3,020.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$3,020.00

From	Through	# of Months	
Gross Benefit	12/01/06	12/01/06	\$4,120.00
Other Benefits			\$1,100.00
Tax Year	2006		
Totals this period:			\$5,220.00
Net Benefit			\$3,020.00
- FICA			\$0.00
- FIT			\$0.00
Payment Amount			\$3,020.00

Totals	Benefits Paid	\$82,147.64
	FICA Withhold	\$0.00
	FIT Withhold	\$0.00
	Total of all payments:	\$82,147.64

Totals	Corrected Benefits	\$79,648.68
	Corrected FICA	\$0.00
	Corrected FIT	\$0.00
	Total of Corrected Payments:	\$79,648.68

Overpayment Totals

Case Manager:  
Phone Number:  
Claim Office:

Credit for Attorney Fees (if applicable):  
Overpayment Total:

\$4,501.97  
\$0.00  
\$0.00

Sodders, Mark D 212

From: Sodders, Mark D 212  
 Sent: Friday, January 07, 2005 2:28 PM  
 To: 'Steven Alfano'  
 Cc: Golf, Kevin R 1475; 'rcius@med.cornell.edu'; Harvey, Kathy L 212; SecureMessage  
 Subject: COLA Adjustment

Hi Mr. Alfano:

I've reviewed the calculations made on your claim concerning the COLA's (Cost of Living Adjustments) to your Monthly Benefits according to your policy.

Your policy states the following:

**\*Cost of Living Adjustment.**

On January 1, any Employee who is entitled to received a Monthly Benefit and has been disabled for 12 months following the end of the Benefit Waiting Period will be eligible for a Cost of Living Adjustment. The Monthly Benefit payable to him, beginning with the month of January, will be increased by 3%.

The Cost of Living Adjustment will be determined on each January 1 until a total of 5 annual adjustments have been made. This adjustment will not be subject to the overall maximum Monthly Benefit."

On July 12, 2004, you were notified by our office via written correspondence that no COLA's have been applied to your disability benefits, and that you will be receiving \$6,866.93 for these past due benefits. On November 30, 2004, you were notified that another COLA is due as of January 1, 2005.

Upon further review of the accuracy of the increase in benefits, it was determined that the 3% COLA was applied to the gross amount of your Monthly Benefit, prior to any deductions and not the net amount of your Monthly Benefit. If you'll note the language above, the 3% COLA is applied to your Monthly Benefit payable. This means that the 3% COLA is applied to the lesser of either:

- "60% of the Employee's Monthly Basic Earnings at the time he becomes Disabled, rounded to the nearest dollar up to a maximum of \$15000, and reduced by the amount of all Other Benefits, for that month, excluding any Other Benefits received by or on behalf of the Employee's dependents.
- 70% of the Employee's Basic Earnings at the time he becomes Disabled, reduced by the amount of all Other Benefits which the Employee and his dependents receive for that month."

Different language is applied if you are working, approved by CIGNA. However, as you are not working, the above language applies to your Monthly Benefits.

This means that the total amount paid to you from December 3, 2001 through December 2, 2004 is \$76,772.10. However, as mentioned above, the COLA should have been applied to the Monthly Benefit (which means the net amount after Other Benefits (i.e., SSDI Primary and Dependent) are deducted and totals \$71,977.09. This yields an Overpayment in the amount of \$4,795.01.

Your Overpayment total was reduced by \$293.64, as there was an error in calculating the correct Social Security Disability offsets for the month of December 3, 2000 through January 2, 2001.

The remaining \$4,501.37 Overpayment has been waived, and your new Monthly Benefit payable to you through December of 2005 is \$2,152.32. Your fifth and final COLA will occur as of January 1, 2006.

A letter is being sent to you, including the calculation sheets, detailing this e-mail. Should you have any questions, please contact me at 800.352.0611 x5693.

Sincerely,

Mark Sodders  
 Case Manager

CIGNA Disability Management Solutions  
972.997.5693 Network: 933.5693  
800.352.0611 Ext. 5693  
Fax: 860.711.2967  
mark.sodders@CIGNA.com

**CONFIDENTIALITY NOTICE:** If you have received this communication in error, please immediately notify the sender at the address shown. This transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete or destroy from your files if you are not the intended recipient. Thank you for your compliance.

Confidential, unpublished property of CIGNA. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2002 by CIGNA

From: Eva Alfano To: Chris Sherer

Date: 12/29/2004 Time: 9:52:00 AM

Page: 1 of 2

**FACSIMILE COVER PAGE**

To : Chris Sherer  
Sent : 12/29/2004 at 9:51:58 AM  
Subject : Steven Alfano pol# NYK 1972

From : Eva Alfano  
Pages : 8 (including Cover)

Chris,

Sorry to have to bother you again but I don't understand what's going on with my LTD payments. I was expecting another 5% increase this December, but instead got a \$200 reduction to my payment. Please see attached fax sheets including:

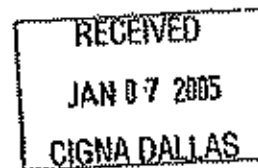
email to and from M. Soddors, M.Soddors letter and DBL adjustment sheets, and check stubs past and present. My original question to Mr. Soddors was, what effect do Social Security increases have on my Cigna payments? and, Aren't I due for a 5% increase in my Cigna benefits?

What I got was a reduction in my monthly Cigna checks from \$2,272.45 to \$2,067.45.

As I said in my phone message, the "benefit rate" on the check stub never increases so that checking calculations is impossible from my end.

Please call me to discuss, 718-884-2067

Thanks,  
Steve Alfano  
ss# 099-44-9648



From: Eva Alfano To: Chris Shepard

Date: 12/21/2004 Time: 9:52:00 AM

Page 2 of 2

mailto:eva.alfano@cigna.com

Subject: RE: Steve Alfano pol # 1972  
From: "Sodders, Mark D 212" <Mark.Sodders@cigna.com>  
Date: Wed, 8 Dec 2004 15:29:54 -0500  
To: "Steven Alfano" <steven.alfano@verizon.net>

Mr. Alfano:

Thank you for your inquiry. The 3% Cost Of Living Adjustment (COLA) is for your Long Term Disability benefits only. Your policy should stipulate a 3% COLA, not a 5% COLA.

The annual increases in your Social Security Disability Income (SSDI) should not further reduce your Long Term Disability benefits.

I will double-check for you your policy and the prior calculations to insure the accuracy.

Sincerely,

Mark Sodders  
Case Manager  
CIGNA Disability Management Solutions  
972.907.5693 Network: 933.5693  
800.352.0611 Ext. 5693  
Fax: 860.731.2907  
[mark.sodders@cigna.com](mailto:mark.sodders@cigna.com)

**CONFIDENTIALITY NOTICE:** If you have received this communication in error, please immediately notify the sender at the address shown. This transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete or destroy from your files if you are not the intended recipient. Thank you for your compliance.

**Confidential, unpublished property of CIGNA. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel.**  
(c) Copyright 2002 by CIGNA

-----Original Message-----

From: Steven Alfano [[mailto:steven.alfano@verizon.net](mailto:mailto:steven.alfano@verizon.net)]  
Sent: Wednesday, December 08, 2004 12:26 PM  
To: Sodders, Mark D 212  
Subject: Steve Alfano pol # 1972

Hi Mr. Sodders,

From: Eva Alfano To: Cindy Shanon

Date: 12/29/2004 Time: 9:52:00 AM

Page 3 of 6

CIGNA COMPANIES  
12225 GREENVILLE AVENUE  
SUITE 532 (SAMS-RT)  
DALLAS TX 75243

CIGNA LIFE INSURANCE COMPANY OF NEW YORK

HARK D SODDERS  
972-997-5893

Please direct any questions to the above analyst,  
for sure to provide your account and ID numbers  
in all letters and telephone calls.

## Explanation Of Benefits

Page 1



Cardholder: STEVEN ALFANO  
Cardholder: STEVEN ALFANO  
ID#: Special ID:  
Account Name: WEILL MEDICAL COLLEGE  
OF CORNELL UNIVERSITY  
Account#: 5012322  
Policy: NYK 0001372 0% 000

STEVEN ALFANO  
7500 WALDO AVE, 13-B  
BRONX, NY 10463

C820

Benefit Type	Payment Period	Duration	Benefit Rate	Benefit Payable	Less Deductible
DISABILITY INCOME	08/03/2004 - 08/02/2006	90 DAYS	4153.32/MD	2273.45	0.

Outstanding:

TOTAL PAYMENT \$ 2,273.45

Outstanding:

Payment Issued 08/27/2004  
STEVEN ALFANO 2,273.45

Total amount paid to date, including taxes, for this claim is \$

52,322.15 for the period 12/03/2000 thru 08/02/2006

G20144 (SRO Check Order) 6-11-2003

Detach on Restoration Below - Please Cash Promptly

CLICNY 0823



From: Eva Alfano To: Chris Sherer

Date: 12/29/2008 Time: 8:02:00 AM

Page: 1 of 1

mailbox:///C:/Documents%20and%20Settings/Eva%20Alfano/My%202008

I'm not sure if I understand the COLA adjustment made to my benefit. Is

the 3% adjustment you sent the detail based from a Social Security dbi benefit increase?

Also I believe I'm due an annual 5% gross benefit increase as well this month. Please let me know.

Chris Sherer our group's Cigna rep (1-800-238-2125 ext 3431) and is familiar with our policy details. She assisted me last year in getting past due increases paid to me.

Thanks for your assistance  
and Happy Holidays.

Steve Alfano  
099-44-9648

CONFIDENTIALITY NOTICE: If you have received this e-mail in error, please immediately notify the sender by e-mail at the address shown. This e-mail transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright (c) 2004 CIGNA

From: Eva Alfano To: Chris Soder

Date: 12/29/2004 Time: 8:52:00 AM

Page 5 of 11

Mark Soder  
Case Manager  
Disability Management Solutions

November 30, 2004

Steven Alfano  
3800 Waldo Avenue  
13-G  
Bronx, NY 10463

Routing 0212  
12225 Greenville Ave.  
Suite 1000 - LB 179  
Dallas TX 75243  
Telephone 1-800-352-6611 Ext. 3607  
Facsimile 860-731-3413  
Mark.Soder@signa.com

Re: Claimant: Steven Alfano  
Policyholder: Weill Medical College  
Policy Number: NYK 1972  
CIGNA Life Insurance Company of New York

Dear Ms. Alfano:

This letter is in reference to the captioned Long Term Disability claim.

As of this date, we have not received the information requested from you in our November 9, 2004 letter. Please provide us with the following information by December 21, 2004:

1. The enclosed Supplementary Claim Disability Benefits form.

You may fax this information to the undersigned at 860-731-3413.

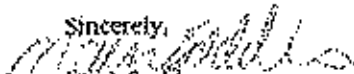
A copy of the original request is enclosed with this notice. If this information has already been sent, please disregard this notice.

In addition, please be advised that, as of January 1, 2005, your Gross Monthly Benefit will be subject to a 3% Cost Of Living Adjustment. Your benefit check for the time period of December 3, 2004 through January 2, 2005, will be for the net amount of \$2,282.53. Your new Gross Monthly benefit amount, prior to deductions from Other Benefits, will be \$4,674.60 beginning January 1, 2005.

Please refer to the enclosed calculation sheets for details.

Your assistance in providing this information is appreciated and will aid in the prompt handling of the claim.

Sincerely,

  
Mark Soder



From: Guy Adams To: Chris Shiner

Page: 122002004 Time: 6:52:00 AM

ନିମ୍ନଲିଖିତ ସମସ୍ତ ଶ୍ରମିକଙ୍କୁ

[illegible]

From Eva Arango To: Chris Shuter

Date: 12/20/2004 Time: 2:52:00 AM

Page 4 of 5

What has been Paid		Projected Payments
Female	Benefits Paid	\$4,692.72
	FICA Withheld	\$0.00
	MT Withheld	\$0.00
	Total of all payments:	\$4,692.72
Case Manager: Leah Sordani		
Phone Number: 800.852.6811 x5092		
Claim Code: 12852		

CLICNY 0927

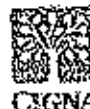
From: Eup Alfano To: Chris Shorer

Date: 12/22/2004 Time: 0:52:00 AM

Page: 3 of 3

CIGNA COMPANY  
12205 GREENVILLE AVENUE  
SUITE 902 (SAMS-RT)  
DALLAS TX 75243

## Explanation of Benefits



CIGNA LIFE INSURANCE COMPANY OF NEW YORK

MARK S SODDERS  
072-007-5693

Please direct any questions to the above analyst.  
Be sure to provide your account and ID numbers  
in all letters and telephone calls.

Contract: STEVEN ALFANO  
Claimant: STEVEN ALFANO  
ID#: Special ID:  
Account Name: WEILL MEDICAL COLLEGE  
OF CORNELL UNIVERSITY  
Account#: 6018322  
Policy: NYN 0001972 DR: 000

STEVEN ALFANO  
3800 WALDO AVE, 15-G  
BRONX NY 10463

C020

Benefit Type	Payment Period	Duration	Benefit Rate	Benefit Payable	Into Group/Out
DISABILITY INCOME	12/02/2004 - 01/02/2005	30 DAYS	\$153.72/MO	2057.55	.00

Comments:

TOTAL PAYMENT \$ 2,057.55

Messages:

STEVEN ALFANO Payments Issued 12/22/2004 2,057.55

Total amount paid to date, including taxes, for this claim is \$ 101,210.05 for the period 12/02/2000 thru 01/02/2005

CIGNA Check Order 6-11-2003

Detach on Perforation Below - Please Give Promptly

CIGNA LIFE INSURANCE COMPANY OF NEW YORK

NO: 01263700

POLICY NO:

NYK0001972

Contract:

ALFANO

Contract:

STEVEN ALFANO

Office:

C020

Date:

12-22-2004

TWO THOUSAND SIXTY SEVEN DOLLARS AND 55 CENTS

Pay

to the

Order

of

STEVEN ALFANO

3800 WALDO AVE, 15-G

BRONX NY 10463

NEW YORK

NEW YORK

PAY

2,057.55

VOID AFTER 30 DAYS

David M. Garsell  
THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK  
ON THE BACK. HOLD AT AN ANGLE TO VIEW

⑈0001263700⑈ ⑈021000018⑈ ⑈890 0153571⑈

CLICNY 0928

Sodders, Mark D 212

---

From: Sodders, Mark D 212  
 Sent: Friday, January 07, 2005 8:44 AM  
 To: Goff, Kevin R 1475; Kettering, Clara R 212; High, Malinda 212  
 Cc: Harvey, Kathy L 212; Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250; Griffs, John E 212  
 Subject: RE: LTD

Hi Kevin:

Yes, I'll copy you on the e-mails to the employer and Mr. Alfano.

As for the other calcs, if they are SAMS claims, then either Malinda or John Griffs would need to be contacted, and I've copied them both on this particular e-mail.

Thanks

Mark

-----Original Message-----

From: Goff, Kevin R 1475  
 Sent: Friday, January 07, 2005 8:30 AM  
 To: Sodders, Mark D 212; Kettering, Clara R 212; High, Malinda 212  
 Cc: Harvey, Kathy L 212; Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250  
 Subject: RE: LTD

Thank you very much Mark. Can you please copy me on the email to Rosemary and Mr. Alfano? I need to follow up with the consultant/broker to explain on the side.

Can you respond to the calcs on other Weill Medical employees or would Malinda have to address this? I just want to be able to tell them how or when we will be handling all of the other claimants on an overall basis.

Kevin

-----Original Message-----

From: Sodders, Mark D 212  
 Sent: Friday, January 07, 2005 9:26 AM  
 To: Goff, Kevin R 1475; Kettering, Clara R 212; High, Malinda 212  
 Cc: Harvey, Kathy L 212; Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250  
 Subject: RE: LTD

Hi Kevin:

I notified Mr. Alfano that I would be rechecking his benefit amount to ensure accuracy. He e-mailed me this week, and I'm sending him a letter detailing the events that have happened on benefits. I was actually in the process of replying to his e-mail when I received notification of his correspondence with the employer. Yesterday evening is when I received the final approval on the recalcs, so I didn't wish to take a chance and have a financial mistake after all of this again for him.

I was not aware that the employer needed to be notified until today, so I'll e-mail Rosemary with the notification and provide her with my number so she may contact me directly if necessary.

Thank you.

Mark

-----Original Message-----  
 From: Goff, Kevin R 1475

Sent: Friday, January 07, 2005 8:16 AM  
To: Sodders, Mark D 212; Kettering, Clara R 212; High, Malinda 212  
Cc: Harvey, Kathy L 212; Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250  
Subject: RE: LTD

Hi Mark,

Thank you very much for the detailed explanation. Just so that I do not do any double-work, has the below information been provided to Mr. Alfano and Rosemary Cius in HR at Weill Medical College?

Thanks,  
Kevin

-----Original Message-----

From: Sodders, Mark D 212  
Sent: Friday, January 07, 2005 7:34 AM  
To: Goff, Kevin R 1475; Kettering, Clara R 212; High, Malinda 212  
Cc: Harvey, Kathy L 212; Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250  
Subject: RE: LTD

Hi Kevin:

No, this COLA for Mr. Alfano has been completed correctly. Unfortunately, the original case manager performing the COLA did the increase based on the Gross Monthly Benefit, not the Net Monthly Benefit. And this took place at one time as no one did the COLA increase for the past few years.

Therefore, a recalc was completed to apply the increase to the Net benefit, and there is an overpayment on the claim. However, since it is CIGNA's error to the ex for the original COLA increase, we are not going to re-collect the overpayment, but simply pay the correct amount going forward.

Mark

-----Original Message-----

From: Goff, Kevin R 1475  
Sent: Thursday, January 06, 2005 4:12 PM  
To: Evans, Carolyn B 212; High, Malinda 212  
Cc: Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250; Sodders, Mark D 212  
Subject: RE: LTD

Thanks Carolyn.

Malinda - on an overall account basis, I need to make sure that we have (or are) processing the annual COLA adjustments. This has been a recurring problem with this account and they are not happy with us. Please let me know that we will be reviewing all the open claims under this policy and doing the adjustments.

Thanks,  
Kevin

-----Original Message-----

From: Evans, Carolyn B 212  
Sent: Thursday, January 06, 2005 5:04 PM  
To: Goff, Kevin R 1475; High, Malinda 212  
Cc: Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250; Sodders, Mark D 212  
Subject: RE: LTD

Hi Kevin,

This claim is being handled by Mark Sodders over in Recertification right now. I have copied him in.

Mark, please respond.

thanks

Carolyn Evans  
SAMS Benefit Administrator  
Disability Management Solutions  
12225 Greenville Avenue, Ste. 532  
Dallas, TX 75243  
Telephone: 1.800.352.0611, ext 8725  
Facsimile: 860.298.6526  
carolyn-evans@cigna.com

>CONFIDENTIALITY NOTICE: If you have received this facsimile in error,  
>please immediately notify the sender by telephone at the number above.  
>The documents accompanying this facsimile transmission contain  
>confidential information. This information is intended only for the use  
>of the individual(s) or entity named above. Thank you for your  
>compliance  
>  
>

-----Original Message-----

From: Goff, Kevin R 1475  
Sent: Thursday, January 06, 2005 3:07 PM  
To: High, Malinda 212; Evans, Carolyn R 212  
Cc: Rayburg, Sandra L (Sandi) 250; Sherer, Chris A 250  
Subject: FW: LTD

Malinda and Carolyn,

This is a SAM claim under the Weill Medical College plan (NYK-1972) and we issue/calculate their COLA increases each year. Please review the claimant's file below and assist.

Chris - I see the claimant mentioning your name, but I know what the interaction was. I understand that this would not be a claim that you handle, but please just make sure that you warn transfer to a live person in Dallas so that the claimant is not confused. If you did this, then disregard. I can't tell from his email, but it sounds like we didn't follow this through. Please let me know if the claimant has not shared the full story of the conversation.

Thanks,  
Kevin

-----Original Message-----

From: Rosemary Cius [mailto:rcius@med.cornell.edu]  
Sent: Thursday, January 06, 2005 3:19 PM  
To: Goff, Kevin R 1475  
Subject: Fwd: LTD

>Date: Wed, 05 Jan 2005 08:43:09 -0500  
>From: Steven Alfano <steven.alfano@verizon.net>  
>User-Agent: Mozilla/5.0 (Windows; U; Windows NT 5.1; en-US; rv:1.8.2)  
>Gecko/20030208 Netscape/7.02  
>X-Accept-Language: en-us, en  
>To: rcius@med.cornell.edu  
>Subject: LTD  
>X-Authentication-Info: Submitted using SMTP AUTH at out011.verizon.net  
>from [68.161.16.162] at Wed, 5 Jan 2005 07:43:17 -0500  
>X-PMX-Version: 4.7.0.111621, Antispam-Engine: 2.0.1.0, Antispam-Data:  
>2005.1.5.1  
>



>  
>Hey Rose.  
>Happy New Year.  
>  
>I'm having problems with Cigna again. I was expecting my annual COLA  
>from them, but instead my check came in with a >\$200 reduction. I  
>called Chris, but she didn't want to interfere with the Texas office.  
>She even backed off from 5% annual increases.  
>  
>What exactly does the contract provide for in COLA adjustments?  
>  
>My Summary description only states that I would get annual increases in  
>accordance with the CPI (no limits). They don't provide any information  
>for me to check calculations or formula. God knows I know how to figure  
>percentage increases but for the life of me I can't figure out what  
>they're doing. Please help, Steve  
>



Mark -

11/5/01

I reviewed this for some time -  
it appears we are re-cal the  
entire claim - correct?

then I didn't see the months  
for 1/3/01 - 12/2/01 ?

if re-cal entire cal - the  
paid to date does not match -

did I miss something here?

Kathy -

your cal on right hand correct  
of cola - but missing the above  
dates -

12/03/00 - 1/02/01 8.32

1/3/01 - 2/02/2003 48,798.56

101,210.05

78,062.48

23,147.57

12/03/00 - 1/02/01

12/03/01 - 12/02/01 Where's cal for  
this period -

12/03/01 - 1/2/02

Sodders, Mark D 212

---

From: Sodders, Mark D 212  
Sent: Friday, January 07, 2005 6:16 AM  
To: Harvey, Kathy L 212  
Subject: RE: Alfano, Steven

Thank you.

No, I didn't re-calc the entire claim, just the portion that deals with the COLA.

Mark

-----Original Message-----

From: Harvey, Kathy L 212  
Sent: Thursday, January 06, 2005 11:57 AM  
To: Sodders, Mark D 212  
Subject: Alfano, Steven

Mark

I returned the file to you after checking the calcs. After talking with you I checked them again and your numbers are right on the cola. But I didn't a re cal for the period of 1/3/01 - 12/02/01.

Was it your intension to re cal the entire cal?

Let me know...maybe I missed it.

Kathy L. Harvey  
Senior Case Manager  
SIGMA Disability Management Solutions  
Phone: (972) 607-5641  
Network: 972-5641  
(800) 352-0611 Ext. 5641  
Fax: (850) 707-3413  
[kathy.harvey@sigma.com](mailto:kathy.harvey@sigma.com)

CONFIDENTIALITY NOTICE: If you have received this communication in error, please immediately notify the sender at the address shown. This transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete or destroy from your files if you are not the intended recipient. Thank you for your compliance.

Date: 12/22/2004		Disability Benefit Adjustment		Version Date: 12/03/03	
Claimant Name: Steven Adams		Policyholder: West Medical Center			
Policy Number: WRC 1072					
Minimum Benefit: \$ 100.00					
Reason for Adjustment: COLA as of January 1, 2002					
What has been Paid		Corrected Payments			
<p>From: 12/01/01 Through: 12/31/01 12 of Months</p> <p>Gross Benefit \$1,181.00 (12/01/01 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (12/01/01 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2001</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 12/01/01 Through: 12/31/01 12 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2001</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 01/01/02 Through: 01/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (01/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (01/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 01/01/02 Through: 01/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 02/01/02 Through: 02/28/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (02/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (02/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 02/01/02 Through: 02/28/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 03/01/02 Through: 03/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (03/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (03/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 03/01/02 Through: 03/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 04/01/02 Through: 04/30/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (04/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (04/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 04/01/02 Through: 04/30/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 05/01/02 Through: 05/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (05/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (05/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 05/01/02 Through: 05/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 06/01/02 Through: 06/30/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (06/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (06/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 06/01/02 Through: 06/30/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 07/01/02 Through: 07/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (07/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (07/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 07/01/02 Through: 07/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 08/01/02 Through: 08/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (08/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (08/01/02 for 28 days + 127.04 for COLA AD)</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>		<p>From: 08/01/02 Through: 08/31/02 1 of Months</p> <p>Gross Benefit \$1,181.00</p> <p>Other Benefits: \$7,578.00</p> <p>Tax Year: 2002</p> <p>Totals this period:</p> <p>Net Benefit \$1,181.00 X 12 Months \$1,181.00</p> <p>- FICA \$0.00</p> <p>- FIT \$0.00</p> <p>Payment Amount: \$1,181.00</p>			
<p>From: 09/01/02 Through: 09/30/02 1 of Months</p> <p>Gross Benefit \$1,181.00 (09/01/02 for 28 days + 265.10 for COLA AD)</p> <p>Other Benefits: \$7,578.00 (09/01/02 for 28 days + 127.04 for COLA AD)</p>					

500HT has been paid				Corrected Payments			
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$4,150.32			Gross Benefit	\$4,150.32		
Other Benefits	\$1,150.00			Other Benefits	\$1,150.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$1,000.32	Net Month:	\$1,000.32	Net Benefit	\$1,000.32	Net Month:	\$1,000.32
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$4,150.32			Gross Benefit	\$4,150.32		
Other Benefits	\$1,150.00			Other Benefits	\$1,150.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$1,000.32	Net Month:	\$1,000.32	Net Benefit	\$1,000.32	Net Month:	\$1,000.32
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$0.00			Gross Benefit	\$0.00		
Other Benefits	\$0.00			Other Benefits	\$0.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$0.00	Net Month:	\$0.00	Net Benefit	\$0.00	Net Month:	\$0.00
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$0.00			Gross Benefit	\$0.00		
Other Benefits	\$0.00			Other Benefits	\$0.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$0.00	Net Month:	\$0.00	Net Benefit	\$0.00	Net Month:	\$0.00
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$0.00			Gross Benefit	\$0.00		
Other Benefits	\$0.00			Other Benefits	\$0.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$0.00	Net Month:	\$0.00	Net Benefit	\$0.00	Net Month:	\$0.00
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$0.00			Gross Benefit	\$0.00		
Other Benefits	\$0.00			Other Benefits	\$0.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$0.00	Net Month:	\$0.00	Net Benefit	\$0.00	Net Month:	\$0.00
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00	Payment Amount:	\$0.00
From:	Through:	Period:	# of Months:	From:	Through:	Period:	# of Months:
12/03/03	12/31/03	12/03/03 - 12/31/03	1	12/03/03	12/31/03	12/03/03 - 12/31/03	1
Gross Benefit	\$4,150.32			Gross Benefit	\$4,150.32		
Other Benefits	\$1,150.00			Other Benefits	\$1,150.00		
Tax Year:	2004			Tax Year:	2004		
Net Benefit	\$1,000.32	Net Month:	\$1,000.32	Net Benefit	\$1,000.32	Net Month:	\$1,000.32
- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00	- FICA	\$0.00
- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00	- FIT	\$0.00
Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32	Payment Amount:	\$1,000.32
Totals	Benefits Paid	\$82,147.62		Totals	Corrected Benefits	\$73,648.68	
	FICA Withheld	\$0.00			Corrected FICA	\$0.00	
	FIT Withheld	\$0.00			Corrected FIT	\$0.00	
	Total of all payments:	\$82,147.62			Total of Corrected Payments:	\$73,648.68	
Overpayment Totals				Overpayment Totals			
Cash Manager:		Credit for Attorney Fees (if applicable):		Cash Manager:		Credit for Attorney Fees (if applicable):	
Phone Number:		Overpayment Total:	\$4,501.37	Phone Number:		Overpayment Total:	\$4,501.37
Claim Office:			\$0.00	Claim Office:			\$0.00
			\$0.00				\$0.00



GXICM01

## SRO NON-MEDICAL TRANSACTION LISTING

01/06/05

CERTHOLDER ID CD S NO 099449648 NAME STEVEN ALPANO  
 CLAIMANT CD 0001 NAME STEVEN ALPANO  
 CLAIM NUMBER 01 COV CODE/SML 808 POLICY KEY NYK 0001972 000

SEL	TRN	TRN	TRN	PAY FROM	PAY THRU	PAYEE 1	TAX	PAYEE 2	SDV	ADD
ONE	TYP	DATE	NO	DATE	DATE	PRTAX AMT	DED	PRTAX AMT	IND	PAYEE
A	04	26	2004	99 04 03 2004	05 02 2004	1888.32	N			N
A	03	26	2004	99 03 03 2004	04 02 2004	1888.32	N			N
A	02	25	2004	99 02 03 2004	03 02 2004	1888.32	N			N
A	01	27	2004	99 01 03 2004	02 02 2004	1888.32	N			N
A	12	19	2003	99 12 03 2003	01 02 2004	1888.32	N			N
A	11	25	2003	99 11 03 2003	12 02 2003	1888.32	N			N
A	10	27	2003	99 10 03 2003	11 02 2003	1888.32	N			N
A	09	26	2003	99 09 03 2003	10 02 2003	1888.32	N			N
A	08	26	2003	99 08 03 2003	09 02 2003	1888.32	N			N
I	08	06	2003	01 07 24 2003	07 24 2003	50.00	N			
A	07	25	2003	99 07 03 2003	08 02 2003	1888.32	N			N

PF1-PAGE FORWARD, PF2-PAGE BACK, PF9-ADDL PAYEES

NEXT TASK: FUNCTION: KEYS : NYK 0001972 000  
 KEYS CONTINUED : S099449648 0001 01 808

1888.32

GX1CM01

SRO' NON-MEDICAL TRANSACTION LISTING

01/06/05

CERTHOLDER ID CD 5 NO 099449648 NAME STEVEN ALFANO  
CLAIMANT CD 0001 NAME STEVEN ALFANO  
CLAIM NUMBER 01 COV CODE/SML 80B POLICY KEY NYK 0001972 000

SEL	TRM	TRN	TRN	PAY FROM	PAY THRU	PAYEE 1	TAX	PAYEE 2	SDV ADD
ONE	TYP	DATE	NO	DATE	DATE	PRTAX AMT	DED	PRTAX AMT	IND PAYEE
B	12	22 2004	01	12 03 2004	01 02 2005	2067.55	N		N
A	11	26 2004	99	11 03 2004	12 02 2004	2273.45	N		N
A	10	27 2004	99	10 03 2004	11 02 2004	2273.45	N		N
A	09	24 2004	99	09 03 2004	10 02 2004	2273.45	N		N
I	08	30 2004	01	08 19 2004	08 19 2004	20.00	N		
A	08	27 2004	99	08 03 2004	09 02 2004	2273.45	N		N
A	07	27 2004	99	07 03 2004	08 02 2004	2273.45	N		N
G	07	12 2004	01	01 01 2002	07 02 2004	5885.80	N		X N
G	07	12 2004	02	01 01 2002	07 02 2004	6866.93	N		N
A	06	25 2004	99	06 03 2004	07 02 2004	1888.32	N		N
A	05	26 2004	99	05 03 2004	06 02 2004	1888.32	N		N

PF1-PAGE FORWARD, PF9-ADDL PAYEES

0001972  
NEXT TASK: FUNCTION: KEYS : NYK  
KEYS CONTINUED : 5099449648 0001 01 808

Paid to Pate 101.210.<sup>05</sup>



GXICN01

SRO NON-MEDICAL TRANSACTION LISTING

01/06/05

CERTHOLDER ID CD S NO 099449648 NAME STEVEN ALFANO  
 CLAIMANT CD 0001 NAME STEVEN ALFANO  
 CLAIM NUMBER 01 COV CODE/SML 80B POLICY KEY NYK 0001972 000

SEL	TRN	TRN	TRN	PAY	FROM	PAY	THRU	PAYEE 1	TAX	PAYEE 2	SDV	ADD
ONE	TYP	DATE	NO	DATE	DATE	DATE	DATE	PRTAX AMT	DED	PRTAX AMT	IND	PAYEE
A	06	26	2003	99	06	03	2003	07	02	2003	1888.32	N
A	05	27	2003	99	05	03	2003	06	02	2003	1888.32	N
A	04	25	2003	99	04	03	2003	05	02	2003	1888.32	N
A	03	27	2003	99	03	03	2003	04	02	2003	1888.32	N
A	02	24	2003	99	02	03	2003	03	02	2003	1888.32	N
B	01	24	2003	01	12	03	2000	02	02	2003	48798.56	N
G	01	24	2003	02	12	03	2000	02	02	2003	8.32	N
I	01	08	2003	01	12	06	2002	12	20	2002	661.80	N

PF2-PAGE BACK, PF9-ADDL PAYEES

NEXT TASK: FUNCTION: KEYS : NYK 0001972 000  
 KEYS CONTINUED : S099449648 0001 01 80B

NO MORE RECORDS

48,798.56 12/03-2000 - 2/2/03

Sodders, Mark D 212

---

From: Steven Alfano [steven.alfano@verizon.net]  
Sent: Monday, January 03, 2005 2:40 PM  
To: Sodders, Mark D 212  
Subject: Re: Steve Alfano pol # 1972

Mark,

What happened to my benefit payment? My payment for 12/3/04-1/2/05 went down over \$200 from the preceding month. Your letter of 11/30/04 said my new net amount would be \$2,282.53. The check came in at \$2,067.55. I had been receiving \$2,273.45 monthly checks before this all started.

I don't understand what is happening. I thought I was supposed to get Cost of Living Adjustment increases not decreases.

Please look into this and tell me what's going on, and when it will be corrected.

Steve Alfano

Sodders, Mark D 212

---

From: Sodders, Mark D 212  
Sent: Tuesday, December 07, 2004 10:33 AM  
To: 'Steven Alfano'  
Subject: RE: Steven Alfano - pol# NYK 1972

Mr. Alfano:

Yes, we did receive the requested form. Thank you for your attention to this matter.

Sincerely,

Mark Sodders  
Case Manager  
CIGNA Disability Management Solutions  
972.907.5693 Network: 933.9693  
800.352.8511 Ext. 5693  
Fax: 860.731.2907  
mark.sodders@CIGNA.com

009-111-91647

>CONFIDENTIALITY NOTICE: If you have received this communication in  
>error, please immediately notify the sender at the address shown. This transmission may  
contain confidential information. This information is intended only for the use of the  
individual(s) or entity to whom it is intended even if addressed incorrectly. Please  
delete or destroy from your files if you are not the intended recipient. Thank you for  
your compliance.

>Confidential, unpublished property of CIGNA. Do not duplicate or  
>distribute. Use and distribution limited solely to authorized  
>personnel. © Copyright 2003 by CIGNA

-----Original Message-----

From: Steven Alfano (mailto:steven.alfano@verizon.net)  
Sent: Monday, December 06, 2004 4:34 PM  
To: Sodders, Mark D 212  
Subject: Re: Steven Alfano - pol# NYK 1972

Hi Mr. Sodders,

Re: your letter of 12/30/04

I just want to confirm that you received my Supp. Claim DBL form via fax  
from Dr. Roach. They said it went through with confirmation of receipt  
last week.

I have the original in my possession and can transmit it to you again if  
necessary.

Thanks for the notification of the benefit COLA.

Steven Alfano

Acenza: Task

Task: General Follow-Up

Start Date: 12/23/2004 Due Date: 12/24/2004

Log (0)

Details

Name: STEVEN ALFANO SSN: 089-44-5648 DOB: 01/14/1958

Account Name: WEILL MEDICAL COLLEGE Account #: NYK0001972 Incurred Date: 08/06/2000

Claim Manager: Mark Sodders Incident #: 513554 Claim Eff Dt-Status: 01/21/2003 - Active

Title: /# TSA

Comment/Instruction: 12/02/04 referred. Send DOT's to AP for comment  
12/17/04 received today

Date: 12/20/2004 08:31 AM User ID: Mark Sodders

Last Changed User: Mark Sodders Last Changed Date: 12/20/2004 08:31 AM

Active Contents

Type	Duo Date	Created By	Assigned To	Title
LTD	08/06/2000	Mark Sodders	Mark Sodders	ALFANO, STEVEN -- 089445648 -- 01/14/1958

Status: Completed Assigned To: Mark Sodders Created: 12/20/2004 10:02 AM

[https://dms-acclaim.group.cigna.com/acenza/Task/TaskOTCTASK\\_FOLLOWUPDisplay.asp?id=10868125&wd=1&ocKey=T...](https://dms-acclaim.group.cigna.com/acenza/Task/TaskOTCTASK_FOLLOWUPDisplay.asp?id=10868125&wd=1&ocKey=T...) 12/20/2004

Sodders, Mark D 212

---

From: Jule, Holly 212  
Sent: Monday, December 13, 2004 2:49 PM  
To: Sodders, Mark D 212  
Subject: Steven Alfano DOT's

Hi Mark,  
This file and DOT's are ready. Aodain would not let me print  
Out my summary in IRP. Let me know if you have any questions.  
Thanks!

Holly Jule, M.S., CRC  
Vocational Rehabilitation Counselor  
Cigna Disability Management Solutions  
12225 Greenville Avenue  
Dallas, Texas 75243  
Phone 972-952-1019  
Toll free 1800-352-0611 EXT. 1019

Confidential, unpublished property of CIGNA.  
Do not duplicate or distribute.  
Use and distribution limited solely to authorized personnel.  
© Copyright 2004 by CIGNA

**OCCUPATIONAL DESCRIPTION**

166.117-018 Manager, Personnel

O\*NET SOC Code: 11-3040.00 Human Resources Manager

Alternate Titles: Manager, Human Resources

Plans and carries out policies relating to all phases of personnel activity: Recruits, interviews, and selects employees to fill vacant positions. Plans and conducts new employee orientation to foster positive attitude toward company goals. Keeps record of insurance coverage, pension plan, and personnel transactions, such as hires, promotions, transfers, and terminations. Investigates accidents and prepares reports for insurance carrier. Conducts wage survey within labor market to determine competitive wage rate. Prepares budget of personnel operations. Meets with shop stewards and supervisors to resolve grievances. Writes separation notices for employees separating with cause and conducts exit interviews to determine reasons behind separations. Prepares reports and recommends procedures to reduce absenteeism and turnover. Represents company at personnel-related hearings and investigations. Contracts with outside suppliers to provide employee services, such as canteen, transportation, or relocation service. May prepare budget of personnel operations, using computer terminal. May administer manual and dexterity tests to applicants. May supervise clerical workers. May keep records of hired employee characteristics for governmental reporting purposes. May negotiate collective bargaining agreement with BUSINESS REPRESENTATIVE, LABOR UNION (profess & kin.) 187.167-018.

DLU: 1988

O\*NET SOC Title: Human Resources Manager

O\*NET SOC Code: 11-3040.00

Plan, direct, and coordinate human resource management activities of an organization to maximize the strategic use of human resources and maintain functions such as employee compensation, recruitment, personnel policies, and regulatory compliance.

Formulates policies and procedures for recruitment, testing, placement, classification, orientation, benefits, and labor and industrial relations. Plans, directs, supervises, and coordinates work activities of subordinates and staff relating to employment, compensation, labor relations, and employee relations. Directs preparation and distribution of written and verbal information to inform employees of benefits, compensation, and personnel policies. Evaluates and modifies benefit policies to establish competitive programs and to ensure compliance with legal requirements. Analyzes compensation policies, government regulations, and prevailing wage rates to develop competitive compensation plan. Develops methods to improve employment policies, processes, and practices and recommends changes to management. Prepares personnel forecast to project employment needs. Prepares budget for personnel operations. Prepares and delivers presentations and reports to corporate officers or other management regarding human resource management policies and practices and recommendations for change. Negotiates bargaining agreements and resolves labor disputes. Meets with shop stewards and supervisors to resolve grievances. Conducts exit interviews to identify reasons for employee termination and writes separation notices. Plans and conducts new employee orientation to foster positive attitude toward organizational objectives. Writes directives advising department managers of organization policy in personnel matters such as equal employment opportunity, sexual harassment, and discrimination. Studies legislation, arbitration decisions, and collective bargaining contracts to assess industry trends. Maintains records and compiles statistical reports concerning personnel-related data such as hires, transfers, performance appraisals, and absenteeism rates. Analyzes statistical data and reports to identify and determine causes of personnel problems and develop recommendations for improvement of organization's personnel policies and. Represents organization at personnel-related hearings and investigations. Contracts with vendors to provide employee services, such as canteen, transportation, or relocation service. Investigates industrial accidents and prepares reports for insurance carrier.

Preliminary Crosswalk shows this DOT Occupation is 1 of 6 DOT's under this O\*NET Code.

Please note: O\*NET Codes are under development and subject to change.

**OCCUPATIONAL REQUIREMENTS**

Title: Manager, Personnel  
 Industry: Professional and Kindred

DOT Code: 166.117-013

Specific Vocational Preparation: Level 8 (4 to 10 years)

General Educational Development: Reasoning Level 5  
 Mathematics Level 5  
 Language Level 5

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

**Physical Demands:**

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Frequently
Handling	Frequently
Fingering	Frequently
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Frequently
Far Acuity	Never
Depth Perception	Never
Accommodation	Occasionally
Color Vision	Never
Field of Vision	Never

**Environmental Conditions:**

Noise Intensity Level	Moderate
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Performing a Variety of Duties  
 Directing, Controlling, or Planning Activities of Others  
 Dealing with People (Beyond receiving work instructions)  
 Making Judgments and Decisions

Data: Coordinating  
 People: Negotiating  
 Things: Handling

Aptitudes:	DOT	OAP
General Learning Ability	1 (Above 89%)	3+ (56 - 66%)
Verbal Aptitude	1 (Above 89%)	3- (34 - 44%)
Numerical Aptitude	2 (67-89%)	3 (46 - 54%)
Spatial Aptitude	3 (34-66%)	Not Included
Form Perception	3 (34-66%)	Not Included
Clerical Aptitude	3 (34-66%)	3 (46 - 54%)
Motor Coordination	4 (11-33%)	Not Included
Finger Dexterity	4 (11-33%)	Not Included
Manual Dexterity	4 (11-33%)	Not Included
Eye-Hand-Foot Coordination	5 (Below 11%)	
Color Discrimination	5 (Below 11%)	



## OCCUPATIONAL DESCRIPTION

166.167-030 Manager, Employment  
O\*NET SOC Code: 11-3040.00 Human Resources Managers

Alternate Titles: Employment Supervisor

Manages employment activities of establishment. Plans and directs activities of staff workers concerned with such functions as developing sources of qualified applicants, conducting screening interviews, administering tests, checking references and background, evaluating applicants' qualifications, and arranging for preliminary indoctrination and training for newly hired employees according to policy formulated by DIRECTOR, INDUSTRIAL RELATIONS (profess. & kin.) 166.117-010. Keeps records and compiles statistical reports concerning recruitments, interviews, hires, transfers, promotions, terminations, and performance appraisals, utilizing knowledge of job requirements, valid selection processes, and legislation concerning equal employment practices. Coordinates employment activities, such as those concerned with preparing job requisitions; interviewing, selecting, and hiring candidates; on-the-job indoctrination and additional training; supervisory follow-up, development, and rating of employees; and conducting exit interviews. Analyzes statistical data and other reports concerning all aspects of employment function in order to identify and determine causes of personnel problems and to develop and present recommendations for improvement of establishment's employment policies, processes, and practices.

DLU: 1987

O\*NET SOC Title: Human Resources Manager  
O\*NET SOC Code: 11-3040.00

Plan, direct, and coordinate human resource management activities of an organization to maximize the strategic use of human resources and maintain functions such as employee compensation, recruitment, personnel policies, and regulatory compliance.

Formulates policies and procedures for recruitment, testing, placement, classification, orientation, benefits, and labor and industrial relations. Plans, directs, supervises, and coordinates work activities of subordinates and staff relating to employment, compensation, labor relations, and employee relations. Directs preparation and distribution of written and verbal information to inform employees of benefits, compensation, and personnel policies. Evaluates and modifies benefits policies to establish competitive programs and to ensure compliance with legal requirements. Analyzes compensation policies, government regulations, and prevailing wage rates to develop competitive compensation plan. Develops methods to improve employment policies, processes, and practices and recommends changes to management. Prepares personnel forecast to project employment needs. Prepares budget for personnel operations. Prepares and delivers presentations and reports to corporate officers or other management regarding human resource management policies and practices and recommendations for change. Negotiates bargaining agreements and resolves labor disputes. Meets with shop stewards and supervisors to resolve grievances. Conducts exit interviews to identify reasons for employee termination and writes separation notices. Plans and conducts new employee orientation to foster positive attitude toward organizational objectives. Writes directives advising department managers of organization policy in personnel matters such as equal employment opportunity, sexual harassment, and discrimination. Studies legislation, arbitration decisions, and collective bargaining contracts to assess industry trends. Maintains records and compiles statistical reports concerning personnel-related data such as hires, transfers, performance appraisals, and absenteeism rates. Analyzes statistical data and reports to identify and determine causes of personnel problems and develop recommendations for improvement of organization's personnel policies and practices. Represents organization at personnel-related hearings and investigations. Contracts with vendors to provide employee services, such as canteen, transportation, or relocation service. Investigates industrial accidents and prepares reports for insurance carrier.

Preliminary Crosswalk shows this DOT Occupation is 1 of 6 DOT's under this O\*NET Code.

Please note: O\*NET Codes are under development and subject to change.

**OCCUPATIONAL REQUIREMENTS**

Title: Manager, Employment  
 Industry: Professional and Kindred

DOT Code: 166.167-030

Specific Vocational Preparation: Level 8 (4 to 10 years)

General Educational Development: Reasoning Level 5  
 Mathematics Level 4  
 Language Level 5

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

**Physical Demands:**

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Frequently
Handling	Frequently
Fingering	Frequently
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Frequently
Far Acuity	Never
Depth Perception	Never
Accommodation	Never
Color Vision	Never
Field of Vision	Never

**Environmental Conditions:**

Noise Intensity Level	Quiet
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Directing, Controlling, or Planning Activities of Others  
 Dealing with People (Beyond receiving work instructions)  
 Making Judgments and Decisions

Data: Coordinating  
 People: Speaking-Signaling  
 Things: Handling

**Aptitudes:**

General Learning Ability  
 Verbal Aptitude  
 Numerical Aptitude  
 Spatial Aptitude  
 Form Perception  
 Clerical Aptitude  
 Motor Coordination  
 Finger Dexterity  
 Manual Dexterity  
 Eye-Hand-Foot Coordination  
 Color Discrimination

**DOT**

2 (67-89%)  
 2 (67-89%)  
 3 (34-66%)  
 5 (Below 11%)  
 5 (Below 11%)  
 3 (34-66%)  
 5 (Below 11%)  
 5 (Below 11%)  
 5 (Below 11%)  
 5 (Below 11%)  
 5 (Below 11%)

**OAP**

3+ (56-66%)  
 3- (34-44%)  
 3 (46-54%)  
 Not Included  
 Not Included  
 3 (46-54%)  
 Not Included  
 Not Included  
 Not Included

## OCCUPATIONAL DESCRIPTION

187.167-098 Manager, Employment Agency

O\*NET SOC Code: 41-1012.00 First-Line Supervisors/Managers of Non-Retail Sales Workers

Manages employment services and business operations of private employment agency. Directs hiring, training, and evaluation of employees. Analyzes placement reports to determine effectiveness of EMPLOYMENT INTERVIEWERS (profess. & kin.). Participates in development and utilization of job development methods to promote business for agency. Enforces, through subordinate staff, agency policies, procedures, safety rules, and regulations. Approves or disapproves requests for purchase of new equipment and supplies. Ensures maintenance and repair of facilities and equipment. Prepares budget requests. Investigates and resolves customer complaints. May negotiate leases and order equipment and supplies for agency.

DLU: 1977

O\*NET SOC Title: First-Line Supervisors/Managers of Non-Retail Sales Workers

O\*NET SOC Code: 41-1012.00

Directly supervise and coordinate activities of sales workers other than retail sales workers. May perform duties, such as budgeting, accounting, and personnel work, in addition to supervisory duties.

Directs and supervises employees engaged in sales, inventory-taking, reconciling cash receipts, or performing specific service such as pumping gasoline for customers. Plans and prepares work schedules and assigns employees to specific duties. Hires, trains, and evaluates personnel in sales or marketing establishment. Coordinates sales promotion activities and prepares merchandise display and advertising copy. Listens to and resolves customer complaints regarding service, product, or personnel. Examines merchandise to ensure that it is correctly priced, displayed or functions as advertised. Inventories stock and reorders when inventories drop to specified level. Examines products purchased for resale or received for storage to determine condition of product or item. Prepares rental or lease agreement, specifying charges and payment procedures, for use of machinery, tools, or other such items. Formulates pricing policies on merchandise according to requirements for profitability of store operations. Keeps records pertaining to purchases, sales, and requisitions. Assists sales staff in completing complicated and difficult sales. Prepares sales and inventory reports for management and budget departments. Confers with company officials to develop methods and procedures to increase sales, expand markets, and promote business.

Preliminary Crosswalk shows this DOT Occupation is 1 of 17 DOTs under this O\*NET Code.

Please note: O\*NET Codes are under development and subject to change.

**OCCUPATIONAL REQUIREMENTS**

Title: Manager, Employment Agency  
 Industry: Professional and Kindred

DOT Code: 187.167-098

Specific Vocational Preparation: Level 7 (2 to 4 years)

General Educational Development: Reasoning Level 4  
 Mathematics Level 3  
 Language Level 4

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

**Physical Demands:**

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Occasionally
Handling	Occasionally
Fingering	Occasionally
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Occasionally
Far Acuity	Never
Depth Perception	Never
Accommodation	Never
Color Vision	Never
Field of Vision	Never

**Environmental Conditions:**

Noise Intensity Level	Moderate
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

Work Situations: Directing, Controlling, or Planning Activities of Others  
 Making Judgments and Decisions  
 Performing a Variety of Duties

Data: Coordinating  
 People: Speaking-Signaling  
 Things: Handling

**Aptitudes:**

General Learning Ability  
 Verbal Aptitude  
 Numerical Aptitude  
 Spatial Aptitude  
 Form Perception  
 Clerical Aptitude  
 Motor Coordination  
 Finger Dexterity  
 Manual Dexterity  
 Eye-Hand-Foot Coordination  
 Color Discrimination

**DOT**

2 (67-89%)  
 2 (67-89%)  
 3 (34-66%)  
 4 (11-33%)  
 4 (11-33%)  
 3 (34-66%)  
 4 (11-33%)  
 4 (11-33%)  
 4 (11-33%)  
 5 (Below 11%)  
 5 (Below 11%)

**OAP**

3 (46 - 54%)  
 3- (34 - 44%)  
 3- (34 - 44%)  
 Not Included  
 Not Included  
 3 (46 - 54%)  
 Not Included  
 Not Included  
 Not Included



**OCCUPATIONAL DESCRIPTION**

189-167-022 Manager, Department

O\*NET SOC Code: 11-1011.02 Private Sector Executives

Alternate Titles: Department Head, Superintendent

Directs and coordinates, through subordinate supervisors, department activities in commercial, industrial, or service establishment. Reviews and analyzes reports, records, and directives, and confers with supervisors to obtain data required for planning department activities, such as new commitments, status of work in progress, and problems encountered. Assigns or delegates responsibility for, specified work or functional activities and disseminates policy to supervisors. Gives work directions, resolves problems, prepares schedules, and sets deadlines to ensure timely completion of work. Coordinates activities of department with related activities of other departments to ensure efficiency and economy. Monitors and analyzes costs and prepares budget, using computer. Prepares reports and records on department activities for management, using computer. Evaluates current procedures and practices for accomplishing department objectives to develop and implement improved procedures and practices. May initiate or authorize employee hire, promotion, discharge, or transfer. Workers are designated according to functions, activities, or type of department managed.

DLU: 1989

O\*NET SOC Title: Private Sector Executives

O\*NET SOC Code: 11-1011.02

Determine and formulate policies and business strategies and provide overall direction of private sector organizations. Plan, direct, and coordinate operational activities at the highest level of management with the help of subordinate managers.

Directs, plans, and implements policies and objectives of organization or business in accordance with charter and board of directors. Directs activities of organization to plan procedures, establish responsibilities, and coordinate functions among departments and sites. Analyzes operations to evaluate performance of company and staff and to determine areas of cost reduction and program improvement. Confers with board members, organization officials, and staff members to establish policies and formulate plans. Reviews financial statements and sales and activity reports to ensure that organization's objectives are achieved. Assigns or delegates responsibilities to subordinates. Directs and coordinates activities of business involved with buying and selling investment products and financial services. Establishes internal control procedures. Presides over or serves on board of directors, management committees, or other governing boards. Directs inservice training of staff. Administers program for selection of sites, construction of buildings, and provision of equipment and supplies. Screens, selects, hires, transfers, and discharges employees. Promotes objectives of institution or business before associations, public, government agencies, or community groups. Negotiates or approves contracts with suppliers and distributors, and with maintenance, janitorial, and security providers. Prepares reports and budgets. Directs non-merchandising departments of business, such as advertising, purchasing, credit, and accounting. Directs and coordinates activities of business or department concerned with production, pricing, sales, and/or distribution of products. Directs and coordinates organization's financial and budget activities to fund operations, maximize investments, and increase efficiency.

Preliminary Crosswalk shows this DOT Occupation is 1 of 13 DOTs under this O\*NET Code.

Please note: O\*NET Codes are under development and subject to change.

**OCCUPATIONAL REQUIREMENTS**

Title: Manager, Department  
Industry: Any Industry

DOT Code: 189.167-022

Specific Vocational Preparation: Level 7 (2 to 4 years)

General Educational Development: Reasoning Level 5  
Mathematics Level 4  
Language Level 4

Strength: Sedentary

Lifting, Carrying, Pushing, Pulling 10 Lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.

**Physical Demands:**

Climbing	Never
Balancing	Never
Stooping	Never
Kneeling	Never
Crouching	Never
Crawling	Never
Reaching	Occasionally
Handling	Occasionally
Fingering	Occasionally
Feeling	Never
Talking	Frequently
Hearing	Frequently
Tasting/Smelling	Never
Near Acuity	Frequently
Far Acuity	Never
Depth Perception	Never
Accommodation	Occasionally
Color Vision	Never
Field of Vision	Never

**Environmental Conditions:**

Noise Intensity Level	Moderate
Exposure to Weather	Never
Extreme Cold	Never
Extreme Heat	Never
Wet and/or Humid	Never
Vibration	Never
Atmospheric Conditions	Never
Proximity to Moving Mechanical Parts	Never
Exposure to Electrical Shock	Never
Working in High Exposed Places	Never
Exposure to Radiation	Never
Working with Explosives	Never
Exposure to Toxic or Caustic Chemicals	Never
Other Environmental Conditions	Never

**Work Situations:** Directing, Controlling, or Planning Activities of Others  
Dealing with People (Beyond receiving work instructions)  
Making Judgments and Decisions

**Data:** Coordinating  
**People:** Speaking-Signaling  
**Things:** Handling

**Aptitudes:**

General Learning Ability  
Verbal Aptitude  
Numerical Aptitude  
Spatial Aptitude  
Form Perception  
Clerical Aptitude  
Motor Coordination  
Finger Dexterity  
Manual Dexterity  
Eye-Hand-Foot Coordination  
Color Discrimination

**DOT**

2 (67-89%)  
2 (67-89%)  
3 (34-66%)  
3 (34-66%)  
3 (34-66%)  
3 (34-66%)  
4 (11-33%)  
4 (11-33%)  
4 (11-33%)  
5 (Below 11%)  
5 (Below 11%)

**OAP**

3+ (56 - 68%)  
3- (34 - 44%)  
3 (46 - 54%)  
Not Included  
Not Included  
3 (46 - 54%)  
Not Included  
Not Included  
Not Included  
Not Included

**Transferable Skills Analysis Referral Form**  
**Labor Market Survey Referral Form**

Claimant Name: Steven Alfano  
 Policyholder: Weill Medical College  
 CM: Mark Sadders

Date of Referral: December 2, 2004

Policy#: NYK 1972

Ext.5693

RUSH/TL Signature: \_\_\_\_\_

List primary diagnoses: Spinal Stenosis

BME: \$5,933.32/monthly

INDEXING REQUIRED?: (circle one) YES

If so, provide calculation: \$6,233.21

CONTRACT STIPULATES: (circle one) 80%\*\*\*

If other, please specify: \*\*\* Contract states unable to perform all the material duties of his regular occupation; or he is earning less than 80% of his Indexed Basic Earnings.

WAGE REQUIREMENT: \$4986.57/monthly

1. Why are you referring claim for a TSA? (circle one) OTHER

Any Occ Date: n/a

OTHER-specify reason here: continuing TD

2. LMS will be conducted if necessary. Please provide:

City/State/Zip code for search: Bronx, NY 10463

3. For work history information, TAB the following documents for use in performing TSA:

<u>Document</u>	<u>Completed</u>
* DQ	(Y)
* Job Description	(Y)
* Resume/Job Application (From ER if possible)	(N)

4. For Limitations and Restrictions, TAB the following:

<u>Document</u>	<u>Completed</u>
* Current Medical (< 6 mos. old) examples: PAA, Psych abilities form, IME, FCE or AMD/NCM documentation of L/Rs.	(Y)

5. State any other pertinent information or other specific issues which need to be addressed by the TSA:

Need DOT's to send to AP for review and comment.

Return this form and file to:

Holly Jule, MS, CRC  
 Rehabilitation Specialist  
 Ext. 1019



Sodders, Mark D 212

From: Sodders, Mark D 212  
 Sent: Wednesday, December 08, 2004 2:30 PM  
 To: 'Steven Alfano'  
 Subject: RE: Steve Alfano pol # 1972

Mr. Alfano:

Thank you for your inquiry. The 3% Cost Of Living Adjustment (COLA) is for your Long Term Disability benefits only. Your policy should stipulate a 3% COLA, not a 5% COLA.

The annual increases in your Social Security Disability Income (SSDI) should not further reduce your Long Term Disability benefits.

I will double-check for you your policy and the prior calculations to insure the accuracy.

Sincerely,

Mark Sodders  
 Case Manager  
 CIGNA Disability Management Solutions  
 972.907.5693 Network: 933.5693  
 800.352.0611 Ext. 5693  
 Fax: 960.731.2907  
 mark.sodders@cigna.com

>CONFIDENTIALITY NOTICE: If you have received this communication in  
 >error, please immediately notify the sender at the address shown. This transmission may  
 contain confidential information. This information is intended only for the use of the  
 individual(s) or entity to whom it is intended even if addressed incorrectly. Please  
 delete or destroy from your files if you are not the intended recipient. Thank you for  
 your compliance.

>Confidential, unpublished property of CIGNA. Do not duplicate or  
 >reproduce. Use and distribution limited solely to authorized  
 >personnel. © Copyright 2002 by CIGNA  
 >

-----Original Message-----

From: Steven Alfano [mailto:steven.alfano@verizon.net]  
 Sent: Wednesday, December 08, 2004 12:26 PM  
 To: Sodders, Mark D 212  
 Subject: Steve Alfano pol # 1972

Hi Mr. Sodders,

I'm not sure if I understand the COLA adjustment made to my benefit. Is the 3% adjustment you sent the detail based from a Social Security dbl benefit increase?

Also I believe I'm due an annual 5% gross benefit increase as well this month. Please let me know.  
 Chris Sherer our group's Cigna rep (1-800-238-2125 ext 3431) and is familiar with our policy details. She assisted me last year in getting past due increases paid to me.

Thanks for your assistance  
 and Happy Holidays,

Steve Alfano

**SALARY ASSESSOR**  
**Individual Position Profile**

<b>Human Resources Manager</b>			
<b>Estimated Survey Median Annual Base Salaries</b>			
<b>Years Of Experience</b>	<b>10th Percentile</b>	<b>Survey Median</b>	<b>90th Percentile</b>
18	90,698	107,973	135,615
9	75,585	89,982	113,017
1	59,800	71,191	89,415

<b>Specifications</b>	<b>Annual Base Salaries Graph</b>
<p><b>Prepared For:</b></p> <p><b>Area:</b> New York-Manhattan, New York  <b>Industry:</b> All Industries  <b>Industry Codes:</b> eSIC: 0000, NAICS: 000000, usSEC: 0000  <b>Organization Size:</b> (Data reported by years of experience)</p> <p><b>Planning Date:</b> December 13, 2004  <b>Database as of:</b> November 1, 2004</p> <p><b>Annualized Salary Trend:</b> 2.40% (Adjustment: 0.20%)</p> <p><b>eDOT:</b> 166.117-018  <b>O*Net/SOC:</b> 113040</p> <p><b>Printout Date:</b> December 13, 2004  <b>ERISA File:</b></p> <p align="center">(Items in bold affect salary estimates)</p>	<p align="center"><b>Salary</b></p> <p align="center"><b>Years Of Experience</b></p>

ERI Economic Research Institute, 8575 164th Avenue NE, Suite 100, Redmond, Washington 98052 USA  
 (425) 556-0205 FAX: (425) 885-5001 Internet: <http://www.eri.com> E-Mail: [info.eri@eri.com](mailto:info.eri@eri.com)

ERI data is loaned to subscribers for internal use. License Agreement business use only;  
 resale or public distribution of Assessor data is prohibited.

049815 Copyright © 2004  
 ERI Economic Research Institute

**SALARY ASSESSOR**

**Position Description**

**Human Resources Manager**

**ERI Survey Code: 4065 Human Resources Manager**

**Alternate Titles**

Manager Human Resources; Manager Personnel; Personnel Manager

**Overview**

Plans and carries out policies relating to all phases of personnel activity; recruits, interviews, and selects employees to fill vacant positions.

Typically reports to director and has personnel supervisors reporting to this position.

ERI Economic Research Institute, 8575 164th Avenue NE, Suite 100, Redmond, Washington 98052 USA  
(425) 550-0205 FAX: (425) 585-5091 Internet: <http://www.eri.ed.com> E-Mail: [info.eri@ed.com](mailto:info.eri@ed.com)

*ERI data is leased to subscribers for internal (see License Agreement) business use only;  
resale or public distribution of Assessor data is prohibited.*

049815 Copyright © 2004  
ERI Economic Research Institute

Sodders, Mark D 212

---

From: Jenkins, Rosemary 212  
Sent: Wednesday, December 01, 2004 5:11 PM  
To: Sodders, Mark D 212  
Subject: RE: Exp TSA-Steven Alfano

Mark,

For exp TSA, the results are not placed in a file and are to be used only for rtw planning only. Should you want DOT's for AP comment, you can request a formal TSA from Holly Jule.

Rosemary

-----Original Message-----

From: Sodders, Mark D 212  
Sent: Wednesday, December 01, 2004 11:54 AM  
To: Jenkins, Rosemary 212  
Subject: Exp TSA-Steven Alfano

099-44-9548

Rosemary:

Do you still have the exp TSA results for Steven Alfano?

His doctor is certifying disability, and does state Class 5 P1, but his PAA was utilized for the 11/09/04 exp TSA.

Can I have a print out of the DOT's so that I may send to his doctor for comment?

???

Mark Sodders  
Case Manager  
CIGNA Disability Management Solutions  
972.907.5693 Network: 933.5693  
800.352.0611 Ext. 5693  
Fax: 960.731.2907  
mark.sodders@CIGNA.com

CONFIDENTIALITY NOTICE: If you have received this communication in error, please immediately notify the sender at the address shown. This transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete or destroy from your files if you are not the intended recipient. Thank you for your compliance.

Confidential, unpublished property of CIGNA. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2002 by CIGNA

NOV. 30, 2004 3:28PM

HYPM

NO. 279 P. 1

**CORNELL  
UNIVERSITY**

John and Sanford Weil Medical College

**NEW YORK  
PRESBYTERIAN  
HOSPITAL**

Kenneth W. Risch, M.D.  
Associate Professor of Clinical Medicine  
Associate Professor of Public Health and Epidemiology  
Program Director, Primary Care Residency Program  
Consultant Internal Medicine Associates

Weill Medical College  
Department of Medicine  
200 East 70th Street, 17th floor  
New York, NY 10021

Tel: 212-745-2009  
Fax: 212-746-4327  
kwr2001@med.cornell.edu

**FAX COVER SHEET**

**CONFIDENTIALITY NOTICE:** THE DOCUMENTS ACCOMPANYING THIS TELECOPY TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION, BELONGING TO THE SENDER, THAT IS LEGALLY PRIVILEGED. THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL ENTITY NAMED BELOW. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR ACTION TAKEN IN RELIANCE ON THE CONTENTS OF THESE DOCUMENTS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY TO ARRANGE FOR RETURN OF THESE DOCUMENTS.

Send to:	Mark S. Selders	From:	Dr. Risch
Attention:	4	Date:	11/30/04
Office Location:		Office Location:	CIMA
Fax number:	866-731-2707	Phone number:	
Pages:	6	Attention:	

Comments:	Re: Steven Alfano

NOV. 30. 2004 9:29PM

NYPM

NO. 239 P. 2

Mark Sodders  
Case Manager  
CIGNA Disability Management Solutions



**CIGNA Group Insurance**  
Life • Accident • Disability

November 9, 2004

Rooming 212E  
12225 Coetzville Avenue  
Suite 1000 LB 179  
Dallas, TX 75243-9382  
Telephone 800.252.0611 x5693  
Foristville 860.731.2907  
Mark.Sodders@Cigna.com

Steven Alfano  
3800 Waldo Avenue, 13-G  
Bronx, NY 10463

Re: Claimant: Steven Alfano  
Policyholder: Weill Medical College  
Policy Number: NYK 1972  
CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

This letter is in reference to the captioned Long Term Disability claim.

A review of our file reveals the need for updated information. One of the provisions of your contract specifies that you may not be considered totally disabled for any period if you are not under the care of a licensed physician. Please complete the following information and return to this office by November 30, 2004:

- Supplementary Claim Disability Benefits form.

You may fax this information back, attention to the undersigned, to 860-731-2907. Or, a return envelope is enclosed for your convenience.

Your assistance in providing this information is appreciated and will aid in the prompt handling of your claim.

Sincerely,

Mark Sodders

"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by its subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company.

CLICNY 0959



NOV. 30. 2004 3:29PM

NYPR

NO. 279 P. 3

**FRAUD WARNING:** Any person who, knowingly and with intent to defraud any insurance company or other person; (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act. For residents of the following states, please see the reverse side of this form: California, Colorado, District of Columbia, Florida, Kentucky, Maryland, Minnesota, New Jersey, New York, Oregon, Pennsylvania, Tennessee, Texas or Virginia.

## TO BE COMPLETED BY THE CLAIMANT

NAME OF CLAIMANT ALFANO STEVEN A SOCIAL SECURITY NUMBER 089-44-9648 TELEPHONE NUMBER (718) 884 2067  
 ADDRESS 3800 WALDO AVE Apt 13-G BROOK NEW YORK 10463  
 LIST STATES IN WHICH YOU MAY BE LIABLE FOR FURTHER TAX RETURNING NY

NAME OF EMPLOYER/ASSOCIATION WELLS (CORNELL) MEDICAL COLLEGE POLICY NUMBER NYK 1972  
 DATE OF BIRTH OF YOUR YOUNGEST CHILD/DEPENDENT 5/18/95

NAME OTHER SOURCES OF INCOME TO WHICH YOU AND YOUR DEPENDENTS ARE ENTITLED BY CHECKING THE APPROPRIATE BOXES LISTED BELOW, SHOW AMOUNTS RECEIVED AND INDICATE PAYMENT FREQUENCY. IF YOU HAVE NOT PREVIOUSLY PROVIDED US WITH A COPY OF THE AWARD LETTER, PLEASE ATTACH A COPY, INDICATING "NONE" IN THE APPROPRIATE BLOCKS IF YOU DO NOT RECEIVE INCOME FROM A NAMED SOURCE.

☒ Primary Social Security ☒ Dependent Social Security ☐ Pension ☐ Governmental ☐ Workers' Compensation ☐ Other, Identify  
\$ 1538/Month \$ 802/Month \$ 0 \$ 0 \$ 0 \$ 0

ARE YOU CURRENTLY WORKING? ☐ YES ☒ NO  
 If yes, please provide name and address of employer, job title, number of hours worked per week, and wage rate.

ARE YOU INTERESTED IN A VOLUNTARY REHABILITATION/RETRAINING PROGRAM? ☐ YES ☒ NO

## TO BE COMPLETED BY ATTENDING PHYSICIAN

The claimant is responsible for the completion of this form without expense to the company.

## 1. PRESENT CONDITION

DIAGNOSIS spinal stenosis DATE OF LAST VISIT 9/10/04 FREQUENCY OF VISITS 5 times  
 SUBJECTIVE SYMPTOMS back pain OBJECTIVE FINDINGS normal  
 (X-RAYS, EKG'S, LABORATORY DATA AND ANY CLINICAL FINDINGS)

## 2. PROGRESS

(a) Has patient ☐ Recovered? ☐ Improved? ☒ Unchanged? ☐ Retrogressed?  
 (b) Is patient ☐ Bed Confined? ☐ Hospital Confined? ☒ Ambulatory? ☐ Home Confined?  
 (c) Has patient been hospital confined? ☐ Yes ☒ No If yes, give Name and Address of Hospital WHS 100 1st St NYC Confined from 10/1/04 through 10/1/04

## 3. CARDIAC (If Applicable)

(a) Functional capacity 7K  
 (American Heart Ass'n)  
☐ Class 1 (No limitation) ☐ Class 2 (Slight limitation)  
☐ Class 3 (Marked limitation) ☐ Class 4 (Complete restriction)  
 (b) Blood Pressure (last visit) 110/70 110 70  
 SYSTOLIC DIASTOLIC

## 4. LIMITATION (If there is a limitation, check and describe below)

Standing + Climbing + Bending + Use of hands + Sitting +  
 Walking + Sleeping + Lifting + Psychological + Other (state which) +

Page 2 of 5

NOV. 30. 2004 3:29PM

NYPH

NO. 279 P. 4

**6. PHYSICAL IMPAIRMENT** (as defined in Federal Dictionary of Occupational Titles)

☒ Class 1 - No limitation of functional capacity; capable of heavy work\* (0 - 10%)

☐ Class 2 - Medium manual activity\* (15 - 30%)

☐ Class 3 - Slight limitation of functional capacity; capable of light work\* (35 - 45%)

☐ Class 4 - Moderate limitation of functional capacity; capable of delicate/dexterous (sedentary) activity (50 - 70%)

☒ Class 5 - Severe limitation of functional capacity; incapable of minimal (sedentary) activity (75 - 100%)

☐ Remarks: *all functions at 75% or less*

---

**6. MENTAL/NERVOUS IMPAIRMENT** (if applicable)

(a) Please define "stress" as it applies to this claimant.

☐ Class 1 - Patient is able to function under stress and engage in interpersonal relations (no limitations)

☐ Class 2 - Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitation)

☐ Class 3 - Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations)

☐ Class 4 - Patient is unable to engage in stress situations or engage in interpersonal relations (severe limitations)

☐ Class 5 - Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitations)

☐ Remarks:

---

**7. EXTENT OF DISABILITY**

Patient's Regular Occupation: \_\_\_\_\_ Any Occupation: \_\_\_\_\_

When was patient able to go to work? Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

*not currently working*

---

**8. REHABILITATION**

(a) Is present a suitable candidate for further rehabilitation services? ☐ YES ☒ NO

(b) Can present job be modified to allow for handling with impairment? ☐ YES ☒ NO

(c) When could trial employment commence? \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

PATIENT'S JOB: Full-time ☐ Part-time ☐ ANY OTHER WORK: Full-time ☐ Part-time ☐

(d) Would vocational counseling and/or training be recommended? ☐ YES ☒ NO

---

**9. REMARKS**

*11/30/04* *Kenn. Rand* *[Signature]* *M.D.* *212 716 2127*

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ SIGNATURE (ATTENDING PHYSICIAN): \_\_\_\_\_ DEGREE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

*505* *# 200* *New York* *NY* *10024*

STREET ADDRESS: \_\_\_\_\_ CITY OR TOWN: \_\_\_\_\_ STATE (OR PROVINCE): \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Page 3 of 5